

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020293

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

318 1003 4884
FILED MAY 23 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis, Mo.

Length of stay in lb

3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

Inside Limits

Yes ☒ No ☐

c. CITY

OR
TOWN

Normandy

d. STREET
ADDRESS

(If outside, give location)

2888 Normandy Drive

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Charles Vest

Cork

4. DATE
OF
DEATH

Month

Day

Year

May

13, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-1-1895

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Caretaker

10b. KIND OF BUSINESS OR INDUSTRY

Convent

11. BIRTHPLACE (City and state or country)

Matson, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

James A. Cork

13b. MOTHER'S MAIDEN NAME

Mary Hayes

14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

17. INFORMANT

Address

Omar Cork

Defiance, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary embolism ???

INTERVAL BETWEEN ONSET AND DEATH

none

DUE TO (b)

Subtotal gastrectomy

36 hours

DUE TO (c)

Duodenal ulcer with hemorrhage

1 week

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

54.0

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 9, 1962 to May 13, 1962 and last saw her alive on May 12, 1962

Death occurred at Midnight m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

N.R. Costa

(Degree or title)

M.D.

22b. ADDRESS

4101a Laclede Avenue, (8)

22c. DATE SIGNED

5-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

5-15-62

23c. NAME OF CEMETERY OR CREMATORY

Augusta Cemetery

23d. LOCATION (City, town, or county)

Augusta, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Arthur C. Baue

St. Charles, Mo.

25. DATE RECD. BY LOCAL REG.

MAY 14 1962

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

N.R. Costa

USE BLACK INK

OR

TYPEWRITER RIBBON

JUN 5 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Arthur C. Bane

Licensed Embalmer No.

3155

P. O. Address

St Charles Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.